

Case Number:	CM14-0187203		
Date Assigned:	11/17/2014	Date of Injury:	01/28/2011
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year-old patient sustained an injury on 1/28/11 while employed by [REDACTED]. Request(s) under consideration include Scalene Botox Injections. Diagnoses include CTD of the upper extremities; Scalene dystonia with spasm; and possible thoracic outlet syndrome. Conservative treatment included medications, therapy, scalene muscle block Botox injections, and modified activities/rest. Review indicated the patient underwent two previous Scalene Botox injections under ultrasound guidance on 2/6/14 and 2/13/14. Report of 10/6/14 noted the patient with chronic ongoing cervical pain. Exam showed diffuse moderate tenderness over the infraclavicular and supraclavicular area; 4/5 diffuse weakness in upper extremities; muscle spasm along bilateral scalene; positive Adson's and lateral posture from internal rotation of shoulders. Treatment plan included repeating Botox injections. Report of 10/9/14 noted increased pain in neck since surgery 1-1/2 years ago with tightness in forearm. Exam was unchanged with mild cervical range limitation and bilateral trapezial tenderness. Plan was for re-evaluation after Botox injections. The request(s) for Scalene Botox Injections was non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Scalene Botox Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

Decision rationale: The patient has had multiple previous Scalene Botox injections with 2 done recently in February of 2014 without demonstrated functional improvement. Injecting botulinum toxin has been shown to be effective in reducing pain and improving range of motion (ROM) in cervical dystonia, a non-traumatic or industrial disorder. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high-quality studies. There are no high quality studies that support its use in whiplash-associated disorder, headaches, and would be precluded for diagnosis of cervical radiculopathy. MTUS advises Botox injections may be an option in the treatment of cervical dystonia, but does not recommend it for mechanical neck disorders, including whiplash, myofascial or migraine headaches. Report from the provider has not documented clinical findings or functional limitations to support for Botox injection under EMG guidance, only noting unchanged neck pain complaints. There are no specific neurological deficits demonstrated nor is there any functional benefit documented from injection treatment previously rendered. Submitted reports have not demonstrated subjective pain relief, functional improvement in ADLs, decreased in medical utilization or increased in work status for this chronic injury of 2011. Medical necessity has not been established. The Scalene Botox Injections is not medically necessary and appropriate.